DO/EO BIBLIOGRAPHIC DATA ENTRY

09 / 04 / RECEIPT DATE: 01 09 / 914838 SERIAL NUMBER: IA NUMBER: FCT/ GB00 / 00729 IA FILING DATE: 03 / 01 / 0.0 DELAY WAIVED (Y/N): Υ FAMILY NAME: BARTLETT DEMAND RECEIVED (Y/N): M GIVEN NAME: PRIORITY DATE: 07 / 28 / 99 PRIORITY CLAIMED (Y/N): NG BASIC FEE (Y/N): US DESIGNATED ONLY (Y/N): M N 540-317 COUNTRY: ATTORNEY DOCKET NUMBER: 000000 TELEPHONE 7038164000 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: FAX

NAME:

STANLEY C. SPOONER

NIXON & VANDERHYE

STREET: 1100 NORTH GLEBE ROAD , STH FLOOR

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 222014714

EMAIL:

APPLICATION TITLES: HEAD TRACKER SYSTEM

TAB TO LAST POSITION, PUSH SEND